PROFESSIONAL BOARD OPTOMETRY AND DISPENSING OPTICIANS

APPLICATION FOR REGISTRATION

Health Professions Council of South Africa

Form 23 ODO

NON - COMPLIANT APPLICATION WILL BE REJECTED AND SENT BACK TO YOU!

Please PRINT and return the ORIGINAL FORM to:

The Registrar, PO Box 205, Pretoria 0001 by registered mail for ease of tracking mail.

553 Madiba Street, Arcadia, Pretoria 0083

FOR OFFICE USE ONLY

Received on .....

Amount .....

Receipt No. .....

Reg. Date .....

Bank Details:

HPCSA
Bank:
ABSA
Branch:
Arcadia
Branch code:
334945
Acc. No.
0610000169

I certify that the application meets the requirements as outlined in section B and that I have verified the application:

Registration Officer: .....

Signature: .....

Date: .....

A. PERSONAL PARTICULARS

HPCSA Registration Number: .....

I, (Dr, Mr, Mrs, Miss) ..... Surname: .....

Maiden name (if applicable): .....

First names: ..... Identity No.: .....

Postal address: .....

..... Postal code: .....

Residential address: .....

..... Postal code: .....

Tel (H): ..... (W): .....

Cell: ..... Fax: .....

Email: .....

* Marital Status: Divorced | Married | Single Gender: Male | Female

* Race: Asian | African | Coloured | White Country of origin: .....

Hereby apply to register as an **Optometrist with diagnostic privileges** and declare that I am the person referred to in the certificate below. I also declare that I have never been convicted of any criminal offence or been debarred from practice by reason of unprofessional conduct in any country and that, to the best of my knowledge and belief, no proceedings involving or likely to involve a charge of offence or misconduct is pending against me at present.

SIGNATURE: ..... **Date:** ..... **20** .....

B. The following is submitted in support of my application:

☐	1.	Current registration fee of **R628.00,** plus the pro rata annual fee obtainable from the HPCSA Call Centre at 012 338 9300.
☐	2.	A copy of my identity document or birth certificate.
☐	3.	A copy of my marriage certificate (should you wish to register in your married surname).
☐	4.	A copy of my registration certificate as a student with the Health Professions Council of South Africa.

C. TO BE COMPLETED BY THE UNIVERSITY/UNIVERSITY OF TECHNOLOGY/COLLEGE

***** NO ALTERATIONS TO THIS DOCUMENT WILL BE ACCEPTED.***

Name of the University/University of Technology/College: .....

It is hereby certified that ..... complied with all the requirements for the Degree/Diploma/Certificate ..... **with diagnostic privileges** of this institution on ..... (day) ..... (month) ..... (year) and that this qualification will be conferred/issued at a graduation ceremony on ..... (day) ..... (month) ..... (year).

WE RECOMMEND him/her for registration

ORIGINAL OFFICIAL DATE STAMP OF INSTITUTION

SIGNATURE: RECTOR/DEAN/OPERATIONAL HEAD **DATE**

SIGNATURE: REGISTRAR/REGISTRAR **DATE**

*** Please complete for statistical purposes.**

NB: Please note that the Council, in the normal course of its duties, reserves the right to divulge information in your personal file to other parties.